$\boxtimes$	No additional c	laim fee is	required.				1557	
	An additional cl	aim fee is	required, and is	calculated	as shown below:			
			AMENDE	D CLAIMS				
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	Additional Fee	
Total Claims		15	20	0	x \$ 50 (1202)	\$	0	
Independent Claims		3	3	0	x \$ 210 (1201)		0	
☐ If Amendment adds multiple dependent claims, add \$ 370 (1203)						\$	0	
Total Claim Amendment Fee						\$	0	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee							0	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$	0	
	Charge to Deposit Account No. 02-4800 for the fee due.  A check in the amount of is enclosed for the fee due.							
	Charge to credit card for the fee due. Form PTO-2038 is attached.							
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.								
			Respectfully	submitted	,			
Date	April 7, 2008		By: <u>Ba</u> Barba		_			

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620